



**ATTESTATION**

Prepared in accordance with section 14 of the  
*Broader Public Sector Accountability Act, 2010* (“BPSAA”)

**To: The Board of Directors, Ontario Health atHome**

**From: Anna Greenberg, Chief Executive Officer  
Ontario Health atHome**

**Re: Quarterly Declaration of Compliance  
Reporting period of January 1, 2026 – March 31, 2026 (“the Applicable Period”)**

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On behalf of Ontario Health atHome, I attest to:

- The completion and accuracy of reports, pursuant to section 5 of the BPSAA, on the use of consultants;
- Compliance with the prohibition, pursuant to section 4 of the BPSAA, on engaging lobbyist services using public funds;
- Compliance with all obligations under applicable directives issued by the Management Board of Cabinet; and
- Compliance with the obligations under the Memorandum of Understanding Among Minister of Health, Chair of Ontario Health, and Chair of Ontario Health atHome during the Applicable Period.

In making this attestation, I have exercised the care and due diligence that would reasonably be expected of a Chief Executive Officer (“CEO”) in these circumstances, including making due inquiries of Ontario Health atHome staff that have knowledge of these matters.

I further certify that any material exceptions to this attestation are documented in the attached Schedule A.

Dated at Toronto, Ontario, this 3<sup>rd</sup> day of March 2026.

Original signed by

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Anna Greenberg  
Chief Executive Officer  
Ontario Health atHome

## Schedule A

### CEO Certificate of Compliance

For the Applicable Period: January 1 – March 31, 2026

**1. COMPLETION AND ACCURACY OF REPORTS, PURSUANT TO SECTION 5 OF THE BPSAA, ON THE USE OF CONSULTANTS**

No known exceptions

**2. COMPLIANCE WITH THE PROHIBITION, PURSUANT TO SECTION 4 OF THE BPSAA, ON ENGAGING LOBBYIST SERVICES USING PUBLIC FUNDS**

No known exceptions

**3. COMPLIANCE WITH APPLICABLE DIRECTIVES ISSUED BY MANAGEMENT BOARD OF CABINET**

a. OPS Procurement Directives

- See below

b. OPS Travel, Meal and Hospitality Expenses Directive

- No known exceptions

c. OPS Perquisites Directive

- No known exceptions

**4. COMPLIANCE WITH OBLIGATIONS UNDER THE MEMORANDUM OF UNDERSTANDING AMONG MINISTER OF HEALTH, CHAIR OF ONTARIO HEALTH, AND CHAIR OF ONTARIO HEALTH AT HOME**

See below

Ontario Health atHome is non-compliant in the following instances:

**Note 1– Ontario Digital and Data Directive, 2021**

The Directive requires all data created, collected and/or managed by ministries and provincial agencies to be made publicly available as open data, unless it is exempt for privacy, confidentiality, security, legal or commercially sensitive reasons. Ontario Health atHome is categorizing its data holdings and is implementing a plan to be compliant with the requirement to have a catalogue of data holdings. Ontario Health atHome continues to respond to data requests received from the public in a timely manner.

**Note 2 – Archives and Recordkeeping Act, 2006**

The Archives and Recordkeeping Act, 2006 (the “ARA”) requires public bodies to develop and comply with a record retention schedule (Schedule). The Schedule requires that records are classified under a record series and are destroyed or archived after a certain time period. Currently, Ontario Health atHome is not in compliance with the ARA because certain records have not yet been classified in accordance with the Schedule. These records include the legacy records of 14 separate entities that have been amalgamated and that had disparate recordkeeping and record retention practices. Ontario Health atHome is systematically sorting through the records from its various amalgamated geographical areas and destroying or archiving the records that have reached their destruction dates.

For patient records stored in Client Health Related Information System (CHRIS), there is no mechanism for destruction. Ontario Health is working on a technical solution to address these issues and once complete, Ontario Health atHome will continue identifying, indexing, and destroying records according to the Schedule.

A new Records Management System has been implemented with configuration aligned to the Archives and Recordkeeping Act which includes identification of the proper record series, retention period and disposition. New records are being created and stored in the new Records Management System.

**Note 3 – Leases**

Ontario Health atHome has identified that certain office lease arrangements are operating without prior approval under Section 28 of the Financial Administration Act (FAA). Specifically, some lease agreements and lease extensions were executed or continued without obtaining the required Section 28 approval before the financial commitment was entered into, resulting in non-compliance with the FAA.

These non-compliant arrangements include:

- 17 Low-Value Month-to-Month Occupancies (Under \$25,000 annually)
- 6 Leases Under Active Remediation with Infrastructure Ontario

- 11 Legacy and Post-Amalgamation Leases Requiring Renewal-Based Compliance

Ontario Health atHome has completed a comprehensive review of all realty arrangements, implemented centralized tracking of lease terms and renewal dates, and is working with Infrastructure Ontario to remediate non-compliant leases through active negotiations or at renewal, as appropriate.

#### **Note 4 – Accommodation Funding – Transitional Care Units in Retirement Homes**

In two transitional care programs (TCP) in retirement homes, the program funding includes funding for patient accommodation which is not permitted under the *Connecting Care Act, 2019*. Ontario Health atHome continues to work internally on a phased approach to cease the current practice of funding accommodation costs. The non-compliance issue is estimated to be resolved by Q2, 2026/27.

Ontario Health atHome is working with OH and participating on a provincial committee whose goal is to standardize service offerings and eligibility for all Transitional Care Units across the province, regardless of who funds the programs. This includes accommodation costs. The approach for Ontario Health atHome to fully cease funding accommodation costs will be dependent on the outcomes of this provincial committee.

#### **Note 5 – Single or Sole Source Procurement**

- Ontario Health atHome is non-compliant with single or sole source procurement requirements. Single or sole source procurements require approved annual business cases with valid non-competitive exemptions.

Annual renewal of software licenses which is non-compliant with competitive procurement requirements. The DocuShare solution (DocuShare), an integral component of the CHRIS, is specific to one vendor and has not been competitively procured. DocuShare holds more than 10 million patient records. DocuShare was originally procured by the Ontario Association of Community Care Access Centres as a solution for document management in CHRIS. DocuShare is a tightly integrated solution, which has been customized to provide interoperability with the CHRIS and Health Partner Gateway (HPG) solution components and deployed specifically to enable enhanced security of stored personal health information. A solution to migrate to Ontario Health CHRIS Document Services is currently in progress and expected to be completed in the 2<sup>nd</sup> quarter of fiscal year 2026-27 by Ontario Health.

- The continued non-competitive procurement of the existing Benefits carrier contracts - Ontario Health atHome received approval of its business case submission for an exemption from the open competitive requirements of the OPS Procurement Directive to renew the existing Benefits Carrier contracts for a term of up to eight months to April 1, 2024 which was then granted extension up to March 31, 2026. However, as part of that approval, Ontario Health atHome was also directed to report the non-compliance. The Ministry of Health confirmed via email that Treasury Board Secretariat (TBS) approval to proceed with procurement was granted on January 15, 2025, followed by Cabinet ratification on January 16, 2025. A successful vendor for each stream has been selected. Contracts

with both successful vendors have been secured. The estimated go live implementation timeline is planned for April 2026 for both streams and thus will result in compliance in Q1 fiscal 26/27.

- Ontario Health atHome has been utilizing the same labour relations vendor who has supported HCCSS and its predecessor organizations for more than twelve years. This support includes acting as a spokesperson(s) for all labour relations and negotiations, such as collective bargaining and pay equity matters with bargaining agents; negotiating central bargaining processes covering unionized employees; and preparing arbitration briefs. Ontario Health atHome requires continuity of support for these matters particularly to support the Public Sector Labour Relations Transition Act activities for Ontario Health atHome. OH atHome extended the single source contract with Bass Associates to March 31, 2028, to ensure continuity of Labour Relations services through the PSLRTA legislative process. These extensions are within the allowable exceptions noted in the OPS Procurement Directive and thus will result in compliance in Q1 fiscal 26/27.
- Ontario Health atHome is currently operating under expired janitorial contracts on a month-to-month basis, as Ontario Health atHome has received formal notice from the Ministry of Health that effective April 1, 2026, all service contracts of this nature will be consolidated under the administration and control of the Minister of Infrastructure in alignment with the “Centralization of Broader Real Estate Authority (CBREA)” initiative. Planning for this transition is underway with the Ministry of Health, the Ministry of Infrastructure, and Infrastructure Ontario.
- Five contracts are non-compliant as it relates to the eShift Clinic Model of Care. The system licenses renew annually unless terminated. The model began as a pilot project using a new specialized technology. Contract extensions were implemented when the project was still in a research and development phase and there were no comparable solutions. It is now clear that alternative technology solutions may exist and Ontario Health atHome will explore new models of virtual care and the associated technology to do so. This technology is heavily embedded within SPO contracts and an integral component of patient care. A compliance plan has been established, with target completion anticipated by Q1 2028-29.
- Ontario Health atHome has ten single source contracts for remote care monitoring, which have been extended to May 23, 2026, at which time Ontario Health atHome will have substantially transitioned all patients to the solution procured by Ontario Health.

**Note 6 – Legislative/Policy Requirements (Ontario Government Corporate Policy on Information Sensitivity Classification, Ontario Government Corporate Policy on Recordkeeping, Access and Privacy)**

Ontario Health atHome has not consistently implemented these policies to their full extent (i.e. record classification, archiving, and destruction across geographies), however it has ensured robust implementation with respect to access and privacy of records. SharePoint Online (Purview) has been configured and deployed as Ontario Health atHome's formal records management system. The system has capabilities that will support compliance with the Directives. Staff are being onboarded to the records management features (e.g. applying a classification sensitivity and the appropriate records series). New records are being created and stored in the new Records Management System. Ontario

Health atHome is required to have these policies in place. It is in the process of updating its provincial corporate policies to align with current requirements and expects to have them completed by the end of FY 25/26.

## **Note 7 – Memorandum of Understanding (MOU) Among Minister of Health, Chair of Ontario Health, and Chair of Ontario Health atHome**

### **a) Annual Balanced Budget Requirements**

Ontario Health atHome is required to operate within its approved budget in fulfilling its mandate as per Section 10.4(u) and 10.5(e). Due to higher than expected care demands in fiscal year 2025-26, Ontario Health atHome is projecting a deficit position in its Patient Services envelope.

In collaboration with Ontario Health, Ontario Health atHome has proactively engaged the Ministry to share projected service volumes and funding pressure. On October 27, 2025, the government issued its Fall Economic Statement (FES) announcing an 8% increase in funding that will provide additional base resources of \$327.5M for fiscal 2025/26. With current trends in service volumes and anticipated growth projected for the remainder of the fiscal year, OH atHome is experiencing year-over-year growth of almost 11% (as at Dec 31/25). This situation has created an additional financial pressure of approximately \$65-\$80M. Recent dialogue with the MOH has secured additional resources to address these pressures and OH atHome is managing its internal operations in close collaboration with Ontario Health to ensure a balanced in-year financial position.

In its Administration envelope for fiscal year 2025-26, OH atHome is expecting to receive one-time funding for Transition supports and IT investments to address transition and modernization costs continuing past the date of amalgamating 14 HCCSS organizations into OH atHome. Additional in-year efficiencies have been realized to ensure a balanced financial position in the Administration envelope for 2025-26.

### **b) Ontario Health atHome programs and Ontario Health atHome funding of external organizations outside of Ministry-approved programs:**

Legacy LHIN initiatives unintentionally remained with Home and Community Care Support Services after the transfer of legacy LHIN functions to Ontario Health. Ontario Health atHome is working with Ontario Health on a plan to transfer these initiatives as appropriate, as they do not align with the mandate and accountabilities of Ontario Health atHome.

#### Functions provided by Ontario Health atHome:

- Musculoskeletal Rapid Access Clinics - Centralized intake service and MSK Advanced Practice Physiotherapists provided by Ontario Health atHome to local hospitals for processing patient referrals to the hospital's Rapid Access Clinic for hip/knee and lower back care.
- Self-Management Program - provides educational sessions of varying lengths and frequencies to people living with chronic condition(s) on how to manage their conditions to keep them healthier and living independently in their own homes longer.

- Behavioral Supports Ontario - Dedicated regional program management from Ontario Health atHome for quality improvement and education coordination for long-term care homes and funding for a director lead role, responsible for overseeing region wide, planning and operation for integrated behavioral supports services, through direction and collaboration with Ontario Health.
- Shared Services Operations Model - hosts a Client Information System for 46 community support service organizations
- Specialized Geriatric assessment services
- Hospice Palliative Care RN and Team Assistant to support the local Palliative Care physicians
- Mental Health and Addictions Integrated Transitions Project
- Diabetes intake and assessment for the Centre for Complex Diabetes

Ontario Health atHome Funding to other organizations/individuals:

- Lansdowne Children’s Treatment Centre in Brantford for shift nursing services for their summer respite program.
- Physicians who participate in the Palliative Care Outreach Team consultations and on call services.

**Note 8 – Quarterly OHRS/Management Information Systems (MIS) Trial Balance Submission**

Ontario Health atHome is non-compliant with its reporting obligation to submit a quarterly OHRS/Management Information Systems (MIS) Trial Balance Submission through OHFS. Ontario Health atHome worked with the Ministry of Health to enable submission of this report and to achieve compliance and has successfully submitted the 2025/26 Q3 MIS TB by the extended due date of February 6, 2026. Ontario Health at Home is working with the Ministry of Health to develop a plan for the 2024/25 Q4 submission.